#### DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAL ASSISTANCE ADMINISTRATION Olympia, Washington

To: Audiologists Memorandum No: 03-47 MAA

Speech-Language Pathologists Issued: June 30, 2003

Managed Care Plans

CSO Administrators For Information Call:

Regional Administrators 1-800-562-6188

From: Douglas Porter, Assistant Secretary Supersedes: 02-45 MAA

Medical Assistance Administration (MAA) 02-99 MAA

Subject: Audiologist and Speech Pathologist Program: Fee Schedule Changes

Effective for dates of service on and after July 1, 2003, the Medical Assistance Administration (MAA) will implement:

• The updated Medicare Physician Fee Schedule Data Base (MPFSDB) Year 2003 relative value units (RVUs);

- The Year 2003 additions of Current Procedural Terminology (CPT<sup>™</sup>) codes; and
- Changes to Health Care Financing Administration Common Procedure Coding System (HCPCS) Level II codes.

#### **Maximum Allowable Fees**

MAA is updating the fee schedule with Year 2003 RVUs. The 2003 Washington State Legislature **has not appropriated a vendor rate increase** for the 2004 state fiscal year. The maximum allowable fees have been adjusted to reflect the changes listed above.

Attached are updated replacement pages 13-16 for MAA's <u>Speech/Audiology Program Billing Instructions</u>, dated July 1999. To obtain this document electronically, go to MAA's website at <a href="http://maa.dshs.wa.gov">http://maa.dshs.wa.gov</a> (click on the Provider Publications/Fee Schedules link).

Bill MAA your usual and customary charge.

## Fee Schedule

Due to its licensing agreement with the American Medical Association, MAA publishes only official, brief CPT procedure code descriptions. To view the full descriptions, please refer to your current CPT book.

# AUDIOLOGISTS AND SPEECH-LANGUAGE PATHOLOGISTS

|              |                              | July 1, 2003<br>Maximum Allowable Fee |                     |
|--------------|------------------------------|---------------------------------------|---------------------|
| CPT®<br>Code | Brief<br>Description         | Non<br>Facility<br>Setting            | Facility<br>Setting |
| 92506        | Speech/hearing evaluation    | \$57.56                               | \$29.57             |
| 92507        | Speech/hearing therapy       | 48.00                                 | 17.52               |
| 92508        | Speech/hearing therapy       | 39.36                                 | 8.87                |
| 92510        | Rehab for ear implant        | 83.27                                 | 53.92               |
| 92551        | Pure tone hearing test, air  | 10.18                                 | 10.18               |
| 92611        | Motion fluoroscopy/swallow   | 28.44                                 | 28.44               |
| 97532        | Cognitive skills development | 14.79                                 | 14.79               |
| 97533        | Sensory integration          | 15.70                                 | 15.70               |

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### **AUDIOLOGISTS ONLY**

| CPT®              |                              | • 1                     | July 1, 2003 Maximum Allowable Fee |  |  |
|-------------------|------------------------------|-------------------------|------------------------------------|--|--|
| Code/<br>Modifier | Brief<br>Description         | Non Facility<br>Setting | Facility<br>Setting                |  |  |
| 69210             | Remove impacted ear wax      | \$27.75                 | \$20.02                            |  |  |
| 92541             | Spontaneous nystagmus test   | 35.26                   | 35.26                              |  |  |
| 92541-TC          | Spontaneous nystagmus test   | 21.38                   | 21.38                              |  |  |
| 92541-26          | Spontaneous nystagmus test   | 13.88                   | 13.88                              |  |  |
| 92542             | Positional nystagmus test    | 35.49                   | 35.49                              |  |  |
| 92542-TC          | Positional nystagmus test    | 24.34                   | 24.34                              |  |  |
| 92542-26          | Positional nystagmus test    | 11.38                   | 11.38                              |  |  |
| 92543             | Caloric vestibular test      | 17.06                   | 17.06                              |  |  |
| 92543-TC          | Caloric vestibular test      | 13.42                   | 13.42                              |  |  |
| 92543-26          | Caloric vestibular test      | 3.64                    | 3.64                               |  |  |
| 92544             | Optokinetic nystagmus test   | 28.66                   | 28.66                              |  |  |
| 92544-TC          | Optokinetic nystagmus test   | 19.57                   | 19.57                              |  |  |
| 92544-26          | Optokinetic nystagmus test   | 9.10                    | 9.10                               |  |  |
| 92545             | Oscillating tracking test    | 26.39                   | 26.39                              |  |  |
| 92545-TC          | Oscillating tracking test    | 18.43                   | 18.43                              |  |  |
| 92545-26          | Oscillating tracking test    | 7.96                    | 7.96                               |  |  |
| 92546             | Sinusoidal rotational test   | 58.92                   | 58.92                              |  |  |
| 92546-TC          | Sinusoidal rotational test   | 48.91                   | 48.91                              |  |  |
| 92546-26          | Sinusoidal rotational test   | 10.01                   | 10.01                              |  |  |
| 92547             | Supplemental electrical test | 31.62                   | 31.62                              |  |  |
| 92552             | Pure tone audiometry, air    | 10.92                   | 10.92                              |  |  |
| 92553             | Audiometry, air & bone       | 16.15                   | 16.15                              |  |  |
| 92555             | Speech threshold audiometry  | 9.33                    | 9.33                               |  |  |
| 92556             | Speech audiometry, complete  | 14.11                   | 14.11                              |  |  |
| 92557             | Comprehensive hearing test   | 28.89                   | 28.89                              |  |  |

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### **AUDIOLOGISTS ONLY (cont.)**

| CPT®              |                                       | · ·                     | July 1, 2003  Maximum Allowable Fee |  |
|-------------------|---------------------------------------|-------------------------|-------------------------------------|--|
| Code/<br>Modifier | Brief<br>Description                  | Non Facility<br>Setting | Facility<br>Setting                 |  |
| 92567             | Tympanometry                          | \$12.97                 | \$12.97                             |  |
| 92568             | Acoustic reflex test                  | 9.33                    | 9.33                                |  |
| 92569             | Acoustic reflex decay test            | 10.01                   | 10.01                               |  |
| 92579             | Visual audiometry (VRA)               | 17.75                   | 17.75                               |  |
| 92582             | Conditioning play audiometry          | 17.75                   | 17.75                               |  |
| 92584             | Electrocochleography                  | 59.83                   | 59.83                               |  |
| 92585             | Auditor evoke potent, compre          | 61.20                   | 61.20                               |  |
| 92585-TC          | Auditor evoke potent, compre          | 44.36                   | 44.36                               |  |
| 92585-26          | Auditor evoke potent, compre          | 16.61                   | 16.61                               |  |
| 92586             | Evoked auditory test                  | 44.36                   | 44.36                               |  |
| 92587             | Evoked otoacoustic emissions; limited | 36.17                   | 36.17                               |  |
| 92587-TC          | Evoked otoacoustic emissions; limited | 31.62                   | 31.62                               |  |
| 92587-26          | Evoked otoacoustic emissions; limited | 4.78                    | 4.78                                |  |
| 92588             | Evoked auditory test                  | 47.77                   | 47.77                               |  |
| 92588-TC          | Evoked auditory test                  | 35.49                   | 35.49                               |  |
| 92588-26          | Evoked auditory test                  | 12.29                   | 12.29                               |  |
| 92589             | Auditory function test(s)             | 13.19                   | 13.19                               |  |
| 92601             | Cochlear implt f/up exam < 7          | 81.67                   | 81.67                               |  |
| 92602             | Reprogram cochlear implt < 7          | 57.10                   | 57.10                               |  |
| 92603             | Cochlear implt f/up exam 7 >          | 54.83                   | 54.83                               |  |
| 92604             | Reprogram cochlear implt 7 >          | 37.31                   | 37.31                               |  |

# SPEECH-LANGUAGE PATHOLOGISTS ONLY

|           |                               | July 1, 2003 Maximum Allowable Fee |                     |  |
|-----------|-------------------------------|------------------------------------|---------------------|--|
| CPT® Code | Brief<br>Description          | Non Facility Setting               | Facility<br>Setting |  |
| 92526     | Oral function therapy         | \$50.05                            | \$17.52             |  |
| 92597     | Oral speech device eval       | 65.52                              | 43.68               |  |
| 92605     | Eval for nonspeech device rx  | Bundled                            |                     |  |
| 92606     | Non-speech device service     | Bundled                            |                     |  |
| 92607     | Ex for speech device rx, 1 hr | 68.02                              | 68.02               |  |
| 92608     | Ex for speech device rx, addl | 13.42                              | 13.42               |  |
| 92609     | Use of speech device service  | 36.86                              | 36.86               |  |
| 92610     | Evaluate swallowing function  | 26.16                              | 26.16               |  |